

PLACE OF BIRTH

1. County of Gila
 District of Rice
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 217
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Herbert Cassador No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 7 31 25
 Month Day Year

8. FATHER
 Full name Kenneth Cassador

14. MOTHER
 Full maiden name Chalita?

9. Residence (Usual place of abode) Rice Ariz
 If non-resident, give place and state.

15. Residence (Usual place of abode) Rice Ariz
 If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 42 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Rice
 (State or country) Ariz

18. Birthplace (city or place) Rice
 (State or country) Ariz

13. Occupation Farmer
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

Robert CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at 1 A m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature P. H. Sawyer M.D. (Physician or midwife).

Address San Carlos Ariz

Given name added from a supplemental report _____ Filed _____, 19____ Local Registrar P. H. Sawyer

Month, day, year 835-731-300 Filed _____, 19____ County Registrar _____
 Registrar

MAKING RESERVED FOR BINDING
 WITH UNFADING INK—THIS IS A PERMANENT RECORD
 WRITE IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.